HAT HAND IN A WILLIAM

ğ-i Tų, Щ į. **Box Patent Application**

PTO/SB/05 (11-00)
Approved for use through 10/31/2002. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b)) Attorney Docket No. <u>04860.P2688</u> (maximum 12 characters) First Named Inventor Sushma S. Trivedi Title: "METHOD AND APPARATUS FOR VARIABLE LENGTH DECODING" Express Mail Label No. <u>EL672749302US</u> ADDRESS TO: **Assistant Commissioner for Patents**

	Washington, D. C. 20231						
		N ELEMENTS napter 600 concerning utility patent application contents.					
1.	<u> X</u>	Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)					
2.		Applicant Claims Small Entity Status. (37 CFR 1.27)					
3.	<u>X</u>	Specification (Total Pages					
1.	<u> </u>	Drawings(s) (35 USC 113) (Total Sheets 101)					
ō.	<u> </u>	Oath or Declaration (Total Pages _ & _)					
		a Newly Executed (Original or Copy)					
		b Copy from a Prior Application (37 CFR 1.63(d)) (for Continuation/Divisional with Box 18 completed)					
		i. <u>DELETIONS OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).					
		c. <u>x</u> Unsigned.					
).		Application Data Sheet. (37 CFR 1.76)					
		CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)					
•	(if applicable	Nucleotide and/or Amino Acid Sequence Submission , all necessary) Computer Readable Form (CRF)					
	b c	Specification Sequence Listing on iCD-ROM or CD-R (2 copies), or iipaper Statement verifying identity of above copies					

		ACCOMPANYING APPLICATION PARTS					
9. 10.	o. Separate 37 CFR 3.73(b) Statement (where there is an assignee)						
	X	b. Power of Attorney English Translation Decument (if applicable)					
ļ		English Translation Document (if applicable)					
1	<u>X</u>	a. Information Disclosure Statement (IDS)/PTO-1449					
1	<u>x</u>	b. Copies of IDS Citations Proliminary Amendment					
1		Preliminary Amendment Return Receipt Restoard (MRED 502) (Should be enceificely itemized)					
1	<u> </u>	Return Receipt Postcard (MPEP 503) (Should be specifically itemized)					
1		Certified Copy of Priority Document(s) (if foreign priority is claimed)					
	16x Request and Certification under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.						
17.	<u>x</u>	Other: Express Mail Certificate of Mailing					
18A.	If a CON	TINUING APPLICATION, check appropriate box and supply the requisite information:					
Continuation Divisional Continuation-in-part (CIP) Of Prior Application No.: Examiner Group Art Unit (which is a continuation/ divisional/ CIP of prior application no, which is a continuation/ divisional/ CIP of prior application no) (List entire chain of pnonty)							
Applicant(s): Also include a Preliminary Amendment to amend the specification to claim priority. For CONTINUATION AND DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 18B. Statement under 37 CFR 3.73(b) for continuing application: The undersigned states that							
which	is attache	ed).					
19.	Corres	pondence Address					
	Custom	ner Number or Bar Code Label					
<u>x</u>	Corresp	or (Insert Customer No. or Attach Bar Code Label here) pondence Address Below					
NAME	James	s C. Scheller					
	BLA	KELY, SOKOLOFF, TAYLOR & ZAFMAN LLP					
ADDRESS 12400 Wilshire Boulevard							
	Seventh Floor						
CITY	CITY Los Angeles STATE California ZIP CODE 90025-1026						
i		eles STATE California ZIP CODE 90025-1026					
Counti		eles STATE California ZIP CODE 90025-1026 S.A. TELEPHONE (408) 720-8300 FAX (408) 720-9397					

PTO/SB/35(11-00)

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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REQUEST AND CERTIFICATION UNDER 35 U.S.C. 122(b)(2)(B)(i)

First Named Inventor <u>Sushma S. Trivedi</u>
Title <u>"METHOD AND APPARATUS FOR VARIABLE LENGTH DECODING"</u>
Attorney Docket No. <u>04860.P2688</u>

I hereby certify that the invention disclosed in the attached application **has not and will not be** the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing. I hereby request that the attached application not be published under 35 U.S.C. 122(b).

12/31/2001 Date

James C. Scheller
Typed or Printed Name

31195

Registration No.

This request must be signed in compliance with 37 CFR 1.33(b) and submitted with the application **upon filing**.

Applicant may rescind this nonpublication request at any time. If applicant rescinds a request that an application not be published under 35 U.S.C. 122(b), the application will be scheduled for publication at eighteen months after the earliest claimed filing date for which a benefit is claimed.

If applicant subsequently files an application directed to the invention disclosed in the attached application in another country, or under a multilateral international agreement, that requires publication of applications eighteen months after filing, the applicant **must** notify the United States Patent and Trademark Office of such filing within forty-five (45) days after the date of filing of such foreign or international application. **Failure to do so will result in abandonment of this application (35 U.S.C. 122(b)(2)(B)(iii)).**

Send to: Assistant Commissioner for Patents, Washington, D.C. 20231

2/15/01 - 3 -

FEE TRANSMITTAL FOR EV 2002									
FEE TRANSMITTAL FOR FY 2002									
TOTAL AMOUNT OF PAYMENT (\$)									
Application No. Not Yet Assigned									
	Filing Date 12/31/01 First Named Inventor Sushma S. Trivedi								
	Not Yet Assign								
Examiner Nam	e Not Yet Assign	ed	_						
Attorney Docket No04860.P2688									
METHOD OF PAYMENT (check one)									
1. [X]	The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:								
	Deposit Account Number 02-2666 Deposit Account Name								
[X] Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17									
[]	[] Applicant claims small entity status. See 37 CFR 1.27								
2. <u>X</u>	2. X Payment Enclosed: X Check Money Order Other								
FEE CALCULATION									
1. BASIC FILING FEE									
Large Entity	Small Entity								
Fee Fee	Fee Fee	2							
Code (\$)	Code (\$)	Fee Description	Fee Paid						
101 740 106 330	201 370 206 165	Utility application filing fee Design application filing fee	740.00						
107 510	207 255	Plant filing fee							
108 740	208 370	Reissue filing fee							
114 160	214 80	Provisional application filing fee							
		su	BTOTAL (1) \$ <u>740.00</u>						
2. EXTRA	CLAIM FEES		Fee from						
}		Extra Claims	below Fee Paid						
Total Claims	_ 66	- 20 ** = 46	(<u>18.00</u> = <u>828.00</u>						
Independent			$6 \frac{16.00}{84.00} = \frac{0.00}{0.00}$						
Multiple Depe			= <u>0.00</u>						
		l, if greater; For Reissues, see below.							
Large Entity	Small Entity								
Fee Fee	Fee Fee		i						
Code (\$) 103 18	Code (\$) 203 9	Fee Description Claims in excess of 20							
103 16	203 9	Independent claims in excess of 3							
104 280	204 140	Multiple dependent claim, if not paid							
109 84	209 42	**Reissue independent claims over origina							
110 18	210 9	**Reissue claims in excess of 20 and over							
		s	SUBTOTAL (2) \$ <u>828.00</u>						

FEE CALCULATION (continued) 3. **ADDITIONAL FEES** Large Entity Small Entity Fee Fee Code Code **Fee Description** Fee Paid (\$) (\$) 105 130 205 65 Surcharge - late filing fee or oath 127 50 227 25 Surcharge - late provisional filing fee or cover sheet 139 130 139 130 Non-English specification 147 2,520 147 2.520 For filing a request for ex parte reexamination 099 8.800 099 8.800 Request for inter parties reexamination 112 920* 112 920* Requesting publication of SIR prior to Examiner action 113 1.840* 1.840* Requesting publication of SIR after Examiner action 113 115 110 215 55 Extension for reply within first month 400 200 Extension for reply within second month 116 216 Extension for reply within third month 920 460 117 217 Extension for reply within fourth month 118 1.440 218 720 1,960 Extension for reply within fifth month 128 228 980 119 320 219 160 **Notice of Appeal** 120 320 220 160 Filing a brief in support of an appeal 121 280 221 140 Request for oral hearing 138 1,510 138 1,510 Petition to institute a public use proceeding 140 110 240 Petition to revive - unavoidable 55 141 1.280 241 640 Petition to revive - unintentional Utility issue fee (or reissue) 142 1,280 242 640 143 460 243 230 Design issue fee 144 620 244 310 Plant issue fee **Petitions to the Commissioner** 122 130 122 130 123 50 123 50 Processing fee under 37 CFR 1.17(q) 126 180 126 180 **Submission of Information Disclosure Stmt** 581 40 581 40 Recording each patent assignment per property (times number of properties) 146 740 370 246 For filing a submission after final rejection (see 37 CFR 1.129(a)) 148 110 248 55 **Statutory Disclaimer** 149 740 249 For each additional invention to be examined 370 (see 37 CFR 1.129(b)) 179 740 279 370 Request for Continued Examination (RCE) 169 900 169 900 Request for expedited examination of a design application 195 300 300 195 Publication fee for early, voluntary, or normal pub. 196 300 196 300 Publication fee for republication 194 130 194 130 Request for voluntary publication or republication 098 130 098 130 Processing fee under 37 CFR 1.17(i) (except provisionals) 091 1,280 1,280 Acceptance of unintentionally delayed claim for priority _ 091 Other fee (specify) Other fee (specify) SUBTOTAL (3) \$ *Reduced by Basic Filing Fee Paid SUBMITTED BY: Typed or Printed Name: James Co Scheller 2001 3/ Signature: Date: 31195 Rea. Number: **Telephone Number:** (408) 720-8300